Welcome to the TRICARE Regional Appointment Standardization Business Rules Training Seminar

10-11 and 13-14 April 2001

The right patient, to the right provider, at the right time at the right place

TRICARE Appointment Standardization Business Rules Training Seminar

- Introductions

- Administrative Announcements

  - Facilities

  - Surveys

  - Breaks

  - Ground rules

- Purpose of these seminar

TRICARE Appointment Standardization Business Rules Training Seminar

☐Today's Program

  ☐Block 1: Executive Overview (60 minutes)
  ☐Block 2: Measurement Tools (45 minutes)
  ☐Block 3: Lessons Learned (60 minutes)
  ☐Block 4: Open Access (45 minutes)
  ☐Block 5: Operational Overview Part I & II
               (2 hours and 15 minutes)

☐Tomorrow's Program

  ☐Block 5: Continued Part III and IV (1 hour and 45 minutes)
  ☐Block 6 Part I: Access to Care Measurement (45 minutes)
  ☐Block 6 Part II: Access to Care Demonstration (30 mins.)

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Appointment Standardization Executive Overview (Block 1)

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Agenda

- ☐ Why do we need Appointment Standardization?
- ☐ What is Appointment Standardization?
- ☐ What policies, education, business rules, technical, people and leadership initiatives are there that support the program?
- ☐ What needs to be done to get to full implementation of Appointment Standardization?
- ☐ The Ten Steps to get MTFs from the "As is" model to the "To be" way of doing business.
- ☐ The Grass Hopper and the Ant

Background

☐ Mission Need: Reduce variation of appointment types to improve overall beneficiary service

☐ Source of Requirement/Mandate: ASD(HA)/GAO/JCS

- ☐ *GAO: Observations on Proposed Benefit Expansion and Overcoming TRICARE Obstacles*

- ☐ *GAO: Appointment Timeliness Goals Not Met*

- ☐ *GAO: Factors Affecting Contractors' Ability to Schedule Appointments*

☐ One simple appointment system for the MHS

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Why Appointment Standardization?
(GAO Concerns)

- ☐ Beneficiary confusion on who to call for appointment.

- ☐ Beneficiary confusion on what type of appointment to request.

- ☐ Lack of effective means to reserve appointment slots for categories of enrolled beneficiaries.

- ☐ MTFs retaining appointment scheduling functions that paid contractors should be doing.

- ☐ Differences between MTFs on what is considered a "complex" appointment necessitating MTF scheduling.

- ☐ Appointment Standardization IPT Chartered May 1999.
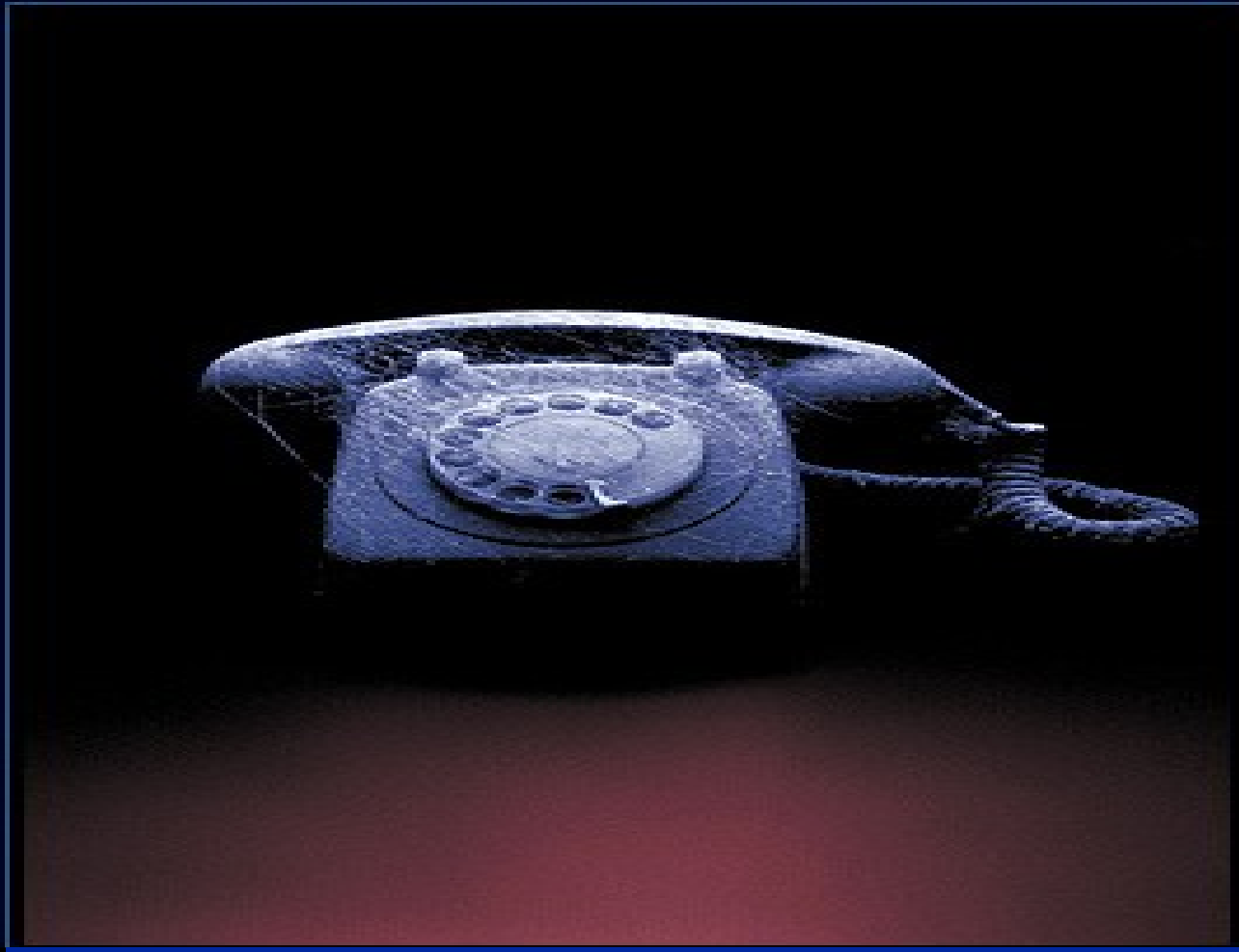
Apathy
If we don't take care of our customers
Maybe they'll stop bugging us.

Why Appointment Standardization?

- Solves many findings by the GAO, meets the JCS mandate and is one of the keystones to optimizing our MTFs.

- Simplifies appointments making for our entire MHS team to include MTFs and MCSCs.

- Fully enables appointing via the Internet. Allows for only one web-appointing application.

- Improves quantitative measurement of access to care standards.

- Standardizes measurement of provider productivity.

- Full implementation will provide better and more accessible service to all of our beneficiaries.

Why Appointment Standardization?

- Congress mandates with the Defense Authorization Act of 1999 that the Department of Defense must meet prescribed Access Standards for the care it provides its beneficiaries:

  - Acute Care: 24 hours

  - Routine Care: 7 days

  - Specialty Care: 4 weeks

  - Wellness Care: 4 weeks

What Is Appointment Standardization?

□ To book the Right patient to the Right provider at the Right time at the Right place.

□ IPT's objective is to develop an implementation plan for standardizing the appointment types and other data elements within the MHS Composite Health Care System (CHCS) and to establish standard MHS appointment process business rules.

□ Reducing thousands of appointment types to nine?

□ Work closely with Enrollment, E-health, PCMBN IPTs; CITPO, TMA Data Quality, Regions and the Services.

What Is Appointment Standardization?

Existing Data Field

> **PCM - Initial Primary Care (28 days)**
> **SPEC - Initial Specialty Care (28 days)**
> **ACUT - Acute (24 hours)**
> **ROUT - Routine Appointment (7 days)**
> **WELL - Wellness, health promotion (28 days)**
> **PROC - Procedure with designated time allotment (28 days)**
> **EST - Established patient with designated time allotment**
> **TCON - Telephone Consult**
> **GRP - Group/Class**

Existing Data Field

Hospital Locations

Booking Authority	**Patient Access Type**	**Age Delineation**	**Appointment Time & Duration**	**Appointment Detail Field**
Existing Data Field	New Data Field	New Data Field	Modified Data Field	New Data Field

Conceptual Model For Optimizing Success

INPUTS/PROCESSE

OUTPUTS

Structure	Process (Enablers)	Tools	Outcome (Goal)
Leadership, Policies Guidance, Business Rules, MCSC Contracts	Resources Training/Education Appointment Standardization Clinic Management Strategy —————— Template Management	Telephone Lines, Automated Appointment System, Web Based —————— Appointments	= Optimized Access
			=

FEEDBACK
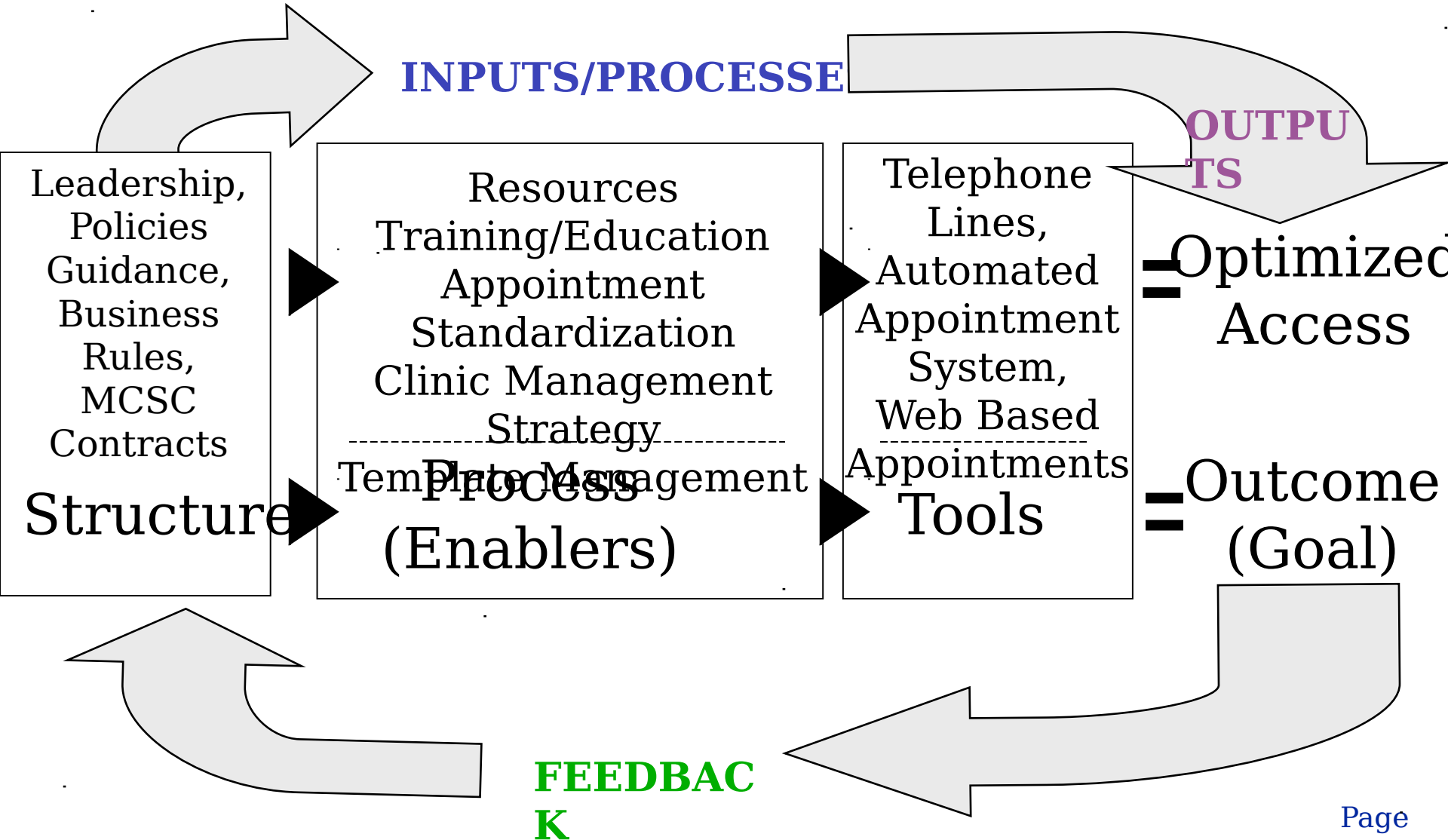
Where Are We At?
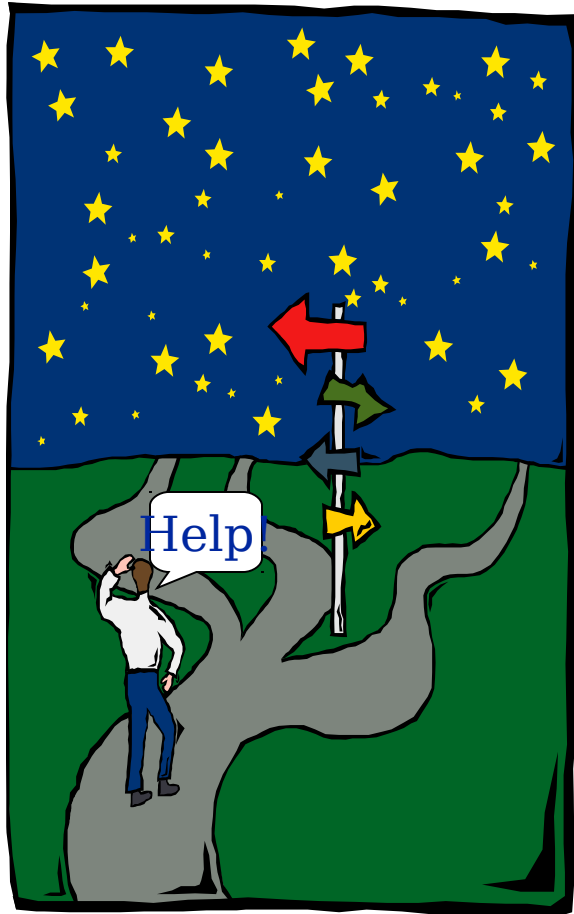
- Appointments different from provider to provider

- Appointments different from clinic to clinic

- Appointments different from MTF to MTF

- Appointments different from Region to Region

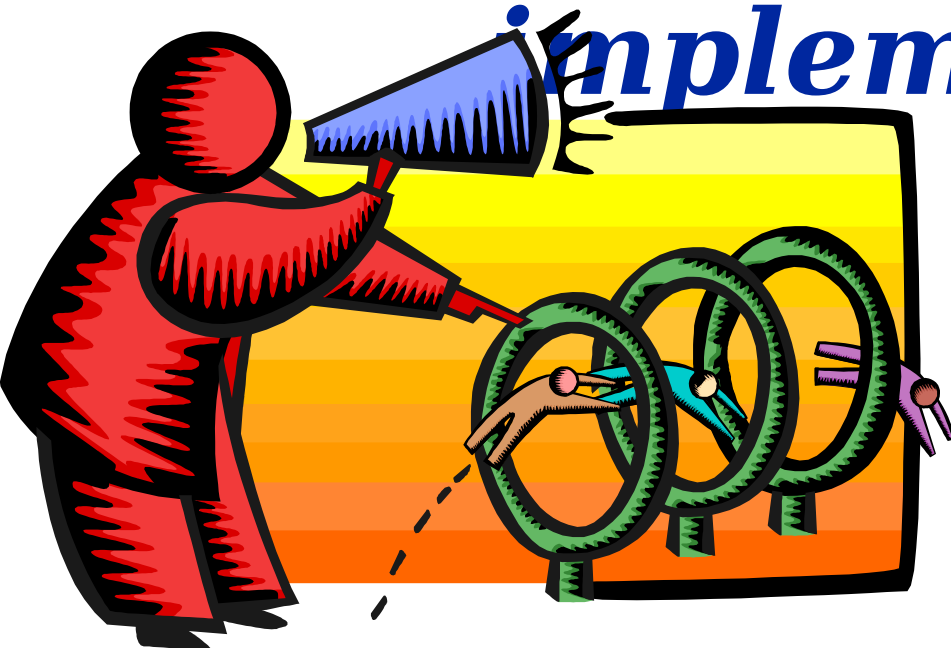- Appointments different from Service to Service

Where Are We At?
(Use of Standardized Appointment Types)

3058 Appointment Types Still Being Used

So...what needs to be done to get to full Appointment Standardization implementation?

Actions Important to Successful Implementation of Appointment Standardization

1. Policies

2. Education and Training

3. Contract Management

4. Technical enhancements

5. Business rules

6. Leadership

7. Feedback

APS Implementation Plan
(Policies)

☐ Policy memorandum signed by ASD (HA) directing that APS implementation be completed by 30 September 2001.

  ☐ Policy provides a standardized methodology to implement appointment standardization.

☐ Policy directing full utilization of MCP of CHCS by 15 January 01.

☐ Policy dated 26 March, Subject: Appointment Standardization Program Guidance provides info on policies, business rules, education, CHCS upgrades, performance measurements and contract issues.

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APS Implementation Plan
(People)

☐ Established an Appointment Standardization Integrated Program Team to develop policies

☐ One member from each TRICARE Region, Service, MCSC

☐ Team meets telephonically every two weeks

☐ Team meets face-to-face approximately every quarter

☐ Members surface region/service specific issues to ensure all encompassing solutions are found

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APS Implementation Plan
(People)

TRICARE Management Activity

- **APS POCs for TRICARE Regions 2, 5 and 1:**

  - Region 2: Ms. Leslie Parks (757-314-6044) DSN 565-0386 x 6044 Email: Leslie.Parks@mh.tma.med.navy.mil

  - Region 5: COL Patricia Kinder (937) 904-5018, DSN 674 Email: patricia.kinder@wpafb.af.mil

  - Region 1: CAPT Steven Remmenga (202) 356-0827, DSN 624: remmengas@reg1.tricare.amedd.army.mil

  - Army: Ms. Jan Leaders (210) 221-7106, DSN 471 E-mail: jan.leaders@amedd.army.mil

  - Navy: CDR Chip Taylor (202) 762-3116, DSN 762   E-mail: hataylor@us.med.navy.mil

  - Air Force: Ms. Cindy Pierson (210) 536-4080, DSN 842   E-mail: cindy.pierson@brooks.af.mil

APS Implementation Plan
(Service Support Policies)

☐ Air Force: policy from SG dated 28 March:

- ☐ Mandating use of MCP to book 90 percent of medical appointments by May 2001

- ☐ Endorses full implementation of appointments standardization by 1 October 2001

☐ Navy:

- ☐ BUMED tracking progress of Navy facilities in implementation

☐ Army: memorandum from SG dated 5 April:

- ☐ OTSG/MEDCOM supports TMA/OSD APS initiatives

APS Implementation Plan

(education)

- ☐ TRICARE Access Imperatives website stood up on 28 August 00. http://www.tricare.osd.mil/tai/

- ☐ Two CBT lessons developed:

  - ☐ MCP for first time users

    - ☐ has been out since November 2000

  - ☐ MCP for advanced users of the appointing and scheduling functions

    - ☐ has been out since the end of December 2000

    - ☐ Web accessible or by CD ROM

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APS Implementation Plan

(education)

☐ CBT : MCP for First Time Users

- ☐ Provides a review of the Managed Care Program Module of CHCS that allows students of navigate around the module's capabilities

- ☐ Get from your system's administrator

☐ CBT: MCP for Advanced Users of the Appointing and Scheduling:

- ☐ Instructions on file, table and schedule builds and use of the capabilities in Appointment Standardization Phase I enhancement

- ☐ From your system's administrator

APS Implementation Plan

(education)

☐ A third CBT in development and should be out by the end of May 2001.

   ☐ Will allow for consistent sustainment training

   ☐ Additional guidance to the second CBT on APS Phase II release

☐ Cookbook on software enhancements-on web site

☐ Second Cookbook to be published with the release of Appointment Standardization Phase II

APS Implementation Plan

(Contract Management)

☐ Two Independent Government Cost Estimates have been completed:

   1. Mandates the use of MCP by the contractor. Completed. Cost: $12,000 for Regions 3/4 and Central. Funded.

   2. Mandates the use of nine standard appointment types, standardized clinic names, and methodology. Cost $38,000.

☐ Contract language modified to accommodate these new business practices and contractors preparing ROM. Should be completed by 21 April 2001.

☐ Letters of invitation have been completed and have been sent to each MCSC inviting them to the IPT.

APS Implementation Plan
(Contract Management)

- Regions 6, 9, 10, Pacific and Europe do not require any contractual changes as their contractors do not make appointments.

    - These regions can begin conversion to appointment standardization once they have personnel trained. MTFs could standardize by themselves.

- Regions 1, 2, 3, 4, 5, Central, and 11 will require contract modifications to allow for a single system change of how appointments are made.

    - These regions should make the switch at one time

APS Implementation Plan
(technical enhancements)

☐ Must use MCP of CHCS

- ☐ Allows for automatic check of beneficiary's DEERS/enrollment status

- ☐ Will facilitate appointing to a PCMBN

- ☐ Mandate to use was 15 January 2001

☐ Enhancements to CHCS

- ☐ APS Phase I has been released

- ☐ APS Phase II is forthcoming

Technical Enhancements
APS Phase II

□ Release will be October 2001

□ Improves, appointment sort and search functions based on the rules established with the Appointment Standardization IPT

□ Conversion program will bring all current changes from APS Phase I over to the new change package

□ If you don't convert it will be like the story of the grasshopper and the ant

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Technical Enhancements
(E-health/Web-Appointments)

☐ E-health portal being designed will accommodate only the standardized appointment methodology.

☐ Can't design 104 different portals.

☐ Working closely with Radar Army Health Clinic, Malcolm Grow Air Force Medical Center, Naval Hospitals Camp Lejeune and Cherry Point on the E-health Web-based appointments alpha test to begin 1 May 2001.

☐ Web-appointing won't be stood up MHS wide without APS first being implemented.

Why yes, yes they are...

NH Camp Pendleton
NH Jacksonville
Weed Army Community Hospital
Keesler AF Medical Center
Navy Medical Center San Diego
Region 9
E-health sites:
Rader Army Health Clinic
Malcolm Grow AF Medical Center
Cherry Point Naval Health Clinic
Camp Lejeune NH
and yes there are more!

Business Rules
(Nuts and Bolts)

□ Created a set of nine appointment types, 6 tied to an access to care category

□ Each appointment can be controlled by the MTF and not given to the contractor

□ Each appointment type has an operational definition that defines for what it is to be used

□ Each appointment can be further defined by up to three standard slot comments/detail codes

□ Detail codes can reserve slots for certain ages, gender, categories of beneficiaries or defined needs for resources required for the appointment, and procedures to be done

Business Rules
(Appointment Slot 101 or the cultural change)

☐ Each appointment slot is identified by the provider, the hospital location, the appointment type and the slot comment or detail code

☐ Provider: Dr. Enriquez

☐ Hospital Location: Primary Care

☐ Appointment Type: Routine

☐ Slot Comment/Detail Code: None which means that any beneficiary can get be booked into this appointment

☐ **Less is more. The less slot comments the more access**

Leadership

☐ The support of leadership at all levels will allow for successful implementation of APS and thus access improvement

- ☐ **Culture:** control of providers time, commitment to service, the need to increase access and accuracy

- ☐ **Process:** Regular review of clinic templates, provider templates, schedules, reports, proper use of IM systems

- ☐ **People:** Lower ranks, grades make the appointments, make sure they know why this stuff is important

- ☐ **Feedback:** Personnel and organizations want to know if these changes are making improvements

APS Commander's Guide to Access Success

☐ Commander's Guide to Access Success developed to assist Commanders and staff in implementation of Appointment Standardization and access improvement business practices

☐ Ten-steps based on FOCUS PDCA

☐ One single guide with 150 pages, 25 appendices

☐ Meant to be broken apart and given to members of a team

☐ Available on the TRICARE Access Imperatives Website at URL: http://www.tricare.osd.mil/tai/cguide.html

☐ Down load as an MS-Word document

STEP ONE: (F) Find a Process to Improve Appointments and Access

APPENDIX A: Background/GAO Findings and APS Solutions.

• Lets personnel know what the program is and why they are converting

STEP TWO: (O) Organize a Team that Knows the Appointments Process

APPENDIX B: Job Descriptions of Access Managers.

• Provides a description of who should be heading

STEP THREE: (C) Clarify Current Knowledge of the Appointment Process
Need to ask these questions

- What are the purpose, place, sequence, people, and methods that are used to book appointments?
- Is the system designed to fulfill the needs of the patients?
- How does the MTF book its appointments? Does it use PAS or MCP?
- What are the current appointment types used to book appointments?
- What are all the clinics that book appointments?
- What are the wait times for these appointment

STEP THREE: (C) Clarify Current Knowledge of the Appointment Process

- Do the current file and table builds support the PCMBN initiative at the MTF/Network?
- What appointments consistently go unfilled?
- How are slot comments used in appointments records?
- What is the current on hand inventory of appointments available to patients? Thirty days? Sixty days?
- What percentage of available appointments are frozen? Why?
- How often does the wrong patient get a wrong

The Ten Steps
(Conversion to Standardized Appointment Types)

STEP THREE: (C) Clarify Current Knowledge of the Appointment Process

APPENDIX D: TRICARE Operations Center Description and Services including the Template Analysis Tool

APPENDIX G: Standardized Appointment Types Utilization Metric

- **Allows MTF personnel to understand what their organization's "As Is" model is performing right now and how to measure success in the future**
- **Measurement is discussed further in Block 2.**

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STEP FOUR: (U) Uncover the Differences Between The Present System and APS

APPENDIX C: Appointment Standardization Methodology

APPENDIX E: Appointment Standardization Business Rules

APPENDIX F: Appointment Standardization Recommended Metrics

APPENDIX G: Proposed Standardized Appointment Types Utilization Metrics

APPENDIX H: Standard Appointment Types Operational Definitions with Access Standards

APPENDIX I: Standardized Clinic Location Name

The Ten Steps
(Conversion to Standardized Appointment Types)

STEP FOUR: (U) Uncover the Differences Between The Present System and APS

APPENDIX K: Technical Solution for the Change: APS Phase I CHCS Enhancements

APPENDIX L: Technical Solution for the Change: APS Phase II CHCS Enhancements

APPENDIX M: Standard Detail Codes

APPENDIX N: Patient Access Types

•**Gives all of the details of the Appointment Standardization program. Helps to identify the "To Be" model.**

STEP FIVE: (S) Start the Plan, Do, Check, Act Cycle (PDCA)

• **In this step the team will start the change to APS and the measurement of access to care. The Plan, Do, Check, Act Cycle will follow the guidelines in Steps Six through Nine.**

The Ten Steps
(Conversion to Standardized Appointment Types)

STEP SIX: (P) Plan the Change

APPENDIX O: APS Education
APPENDIX P: APS Marketing and Benefits

- Several Options:
  - Start with one or two easy clinics
  - Start with all primary care clinics
  - Start with a few primary care and a few specialty clinics

- **Time of total conversion is eight to twelve weeks**

The Ten Steps
(Conversion to Standardized Appointment Types)

STEP SEVEN: (D) Do the Change

CHAPTER II: General Appointment Standardization Implementation And Access Improvement Guidance
APPENDIX Q: MTF Master Implementation Task and Check List for Appointment Standardization and Access Improvement
APPENDIX S: Appointment Standardization IPT Point of Contact List

- **General Guidance, Checklists and POCs are provided to assist personnel through the conversion process.**
- **Guidance available from Region, Service and**

STEP EIGHT: (C) Check the Results of Changes

APPENDIX D: TRICARE Operations Center Description and Services including the Template Analysis Tool
APPENDIX F: Appointment Standardization Recommended Metrics
APPENDIX G: Standardized Appointment Types Utilization Metrics

•**Review data from the TOC Website to include the MTF Standard Appointment Types Utilization Report and the Template Analysis**

The Ten Steps
(Conversion to Standardized Appointment Types)

STEP NINE: (A) Act to Hold, Gain or Improve APS and Access

•If you started out in only a few clinics expand the program

•Use lessons learned from starter clinics to complete the implementation

STEP TEN: Make Recommendations To Higher Headquarters/Market Results To Your Beneficiaries

•As success is achieved it is important to share these with your higher headquarters at all levels. Your lessons learned can assist other MTFs in implementing the program

Timing of the Program

☐ November 2000: APS Phase I allows all MTFs to have coded appointment types and slot comments/detail codes

☐ January 2001: MCP is mandated to be activated

☐ January 2001: TRICARE Operations Center starts displaying MHS/MTF Standard Appointment Type Utilization Reports

☐ January 2001: Appointment Standardization Commander's Guide to Access Success completed

☐ March 2001: TMA APS IPT provides TRICARE Europe formal training to convert to the new methodology

☐ April-May: CONUS TRICARE Regions provided formal training

Timing of the Program

☐ May-September 2001: TRICARE Regions without contract issues begin the conversion to the new methodology. Install new appointment types and slot comments awaiting for the conversion software

☐ June-September 2001: Sites with substantial contract support work with contractors to convert

☐ August 2001: E-health web-appointing Alpha test completed

☐ September 2001: ATC policies completed and ready for implementation

☐ October 2001: APS Phase II released. Sites that have new appointment types and slot comments convert easily. Those not converting will have to rebuild their files and tables to see slot comments in the detail code fields on the booking screen.
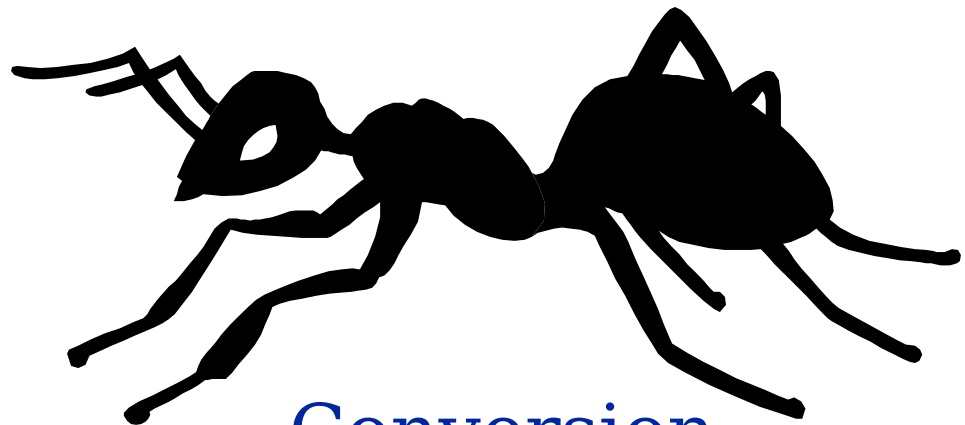
The Grass Hopper and the Ant

APS Phase II

Non-Conversion

Conversion

Technical Enhancements

APS Phase II the Non Conversion before 1 October 2001

PCM MTF BOOKING SEARCH CRITERIA

- ☐ Patient: BLITON,JERALD   FMP/SSN: 20/278-55-5025
- ☐ Patient Type: MCP(ACTIVE DUTY)   ATC Category: ROUTINE
- ☐ Place of Care: PRIMARY CARE CLINIC   PLOC Phone: 234-5678

- ☐   Appt Type:
- ☐ Provider: PRIMARY CARE GROUP   Duration: 30
- ☐ Location: 23708   Spec Type:
- ☐ Clinic Spec:
- ☐ Provider Spec:
- ☐ Date Range: 03 Jul 2000 to 10 Jul 2000   Time Range: 0001 to 2400
- ☐   Days of Week: M TU W TH F SA SU
- ☐ ===
- ☐   04 Jul 00 MON 0900 NEW   1/0   ADO F >14 ONLY
- ☐   04 Jul 00 MON 0930 ROU   1/0   MTF BOOK ONLY
- ☐ * 04 Jul 00 MON 1030 FOL   1/0   MTF-FP-M-ALL
- ☐   06 Jul 00 MON 1100   FOL   1/0   PRI-FP-M-<17
- ☐ ===
- ☐ Use SELECT key to select appointment(s) to be booked
- ☐ Press F9 to view additional appointment data

APS Phase II
the "Real Deal"
after 1 October 2001

PCM MTF BOOKING SEARCH CRITERIA

- ☐   **Patient: BLITON,JERALD**   **FMP/SSN: 20/278-55-5025**
- ☐   **Patient Type: MCP(ACTIVE DUTY)**   **ATC Category: ROUTINE**
- ☐   **Place of Care: PRIMARY CARE CLINIC**   **PLOC Phone: 234-5678**

- ☐   **Detail Codes:**   **Appt Type:**
- ☐   **Provider: PRIMARY CARE GROUP**   **Duration:**
- ☐   **Location: 23708**   **Spec Type:**
- ☐   **Clinic Spec:**
- ☐   **Provider Spec:**
- ☐   **Date Range: 03 Jul 2000 to 10 Jul 2000**   **Time Range: 0001 to 2400**
- ☐   **Days of Week: M TU W TH F SA SU**
- ☐   **==**
- ☐   **04 Jul 00 MON 0900 NEW   1/0 30   ?**
- ☐   **04 Jul 00 MON 0930   ROU   1/0 15   ?**
- ☐   **04 Jul 00 MON 1030   FOL   1/0   30   ?**
- ☐   **06 Jul 00 MON 1100   FOL   1/0   60   ?**
- ☐   **==**
- ☐   **Use SELECT key to select appointment(s) to be booked**
- ☐   **Press F9 to view additional appointment data**

- FILE APPOINTMENT

- Patient: BLITON,JERALD   FMP/SSN: 20/278-55-5025

- Patient Type: CHAMPUS   ATC Category: ACUTE

- Appt Type:

- Provider: GENERAL MEDICINE

- Location: 23708   Spec Type:

- Clinic Spec:

- Provider Spec:

- Date Range: 03 Jul 2000 to 04 Jul 2000   Time Range: 0001 to 2400

- Days of Week: M TU W TH F SA SU

- ===

- * 04 Jul 00 MON 0900 ACUTE 1/0 BPAD;0-17;FE

- 04 Jul 00 MON 1030 ROUT 1/0 BPPR;FlexS
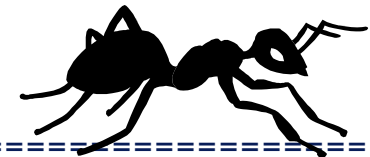
- ===

Use SELECT key to select appointment(s) to be booked

Press F9 to view additional appointment data

Technical Enhancements
APS Phase II Conversion after 1 October 2001

- FILE APPOINTMENT

- Patient: BLITON,JERALD   FMP/SSN: 20/278-55-5025
- Patient Type: CHAMPUS   ATC Category: ACUTE

- Detail Codes: Appt Type:
- Provider: GENERAL MEDICINE   Duration:
- Location: 23708   Spec Type:
- Clinic Spec:
- Provider Spec:
- Date Range: 03 Jul 2000 to 04 Jul 2000   Time Range: 0001 to 2400

- Days of Week: M TU W TH F SA SU

- ==

- * 04 Jul 00 MON   0900 ACUTE 1/0   30   BPAD   0-17   FE
-   04 Jul 00   MON 1030   ROUT   1/0   30   BPPR FlexS

- ==

Use SELECT key to select appointment(s) to be booked

Press F9 to view additional appointment data

Questions

Break

Joe Cocker Breaking Out of Puppy Jail